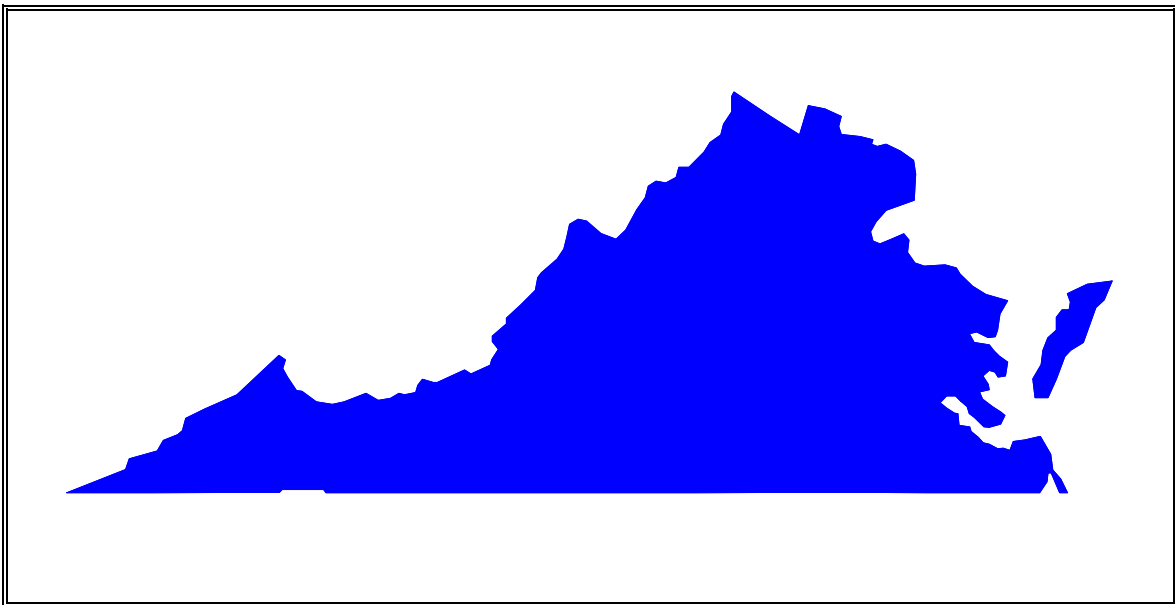


Virginia Department of Medical Assistance Services

Companion Guide

**For 270/271 Batch Health Care Eligibility Inquiry and
Response Transactions**

Version 1.5 Updated 05/22/2008



**ASC X12N 270/271
VERSION 004010 X092A1**

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INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

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VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0	- Original Implementation	08/25/2005
Version 1.1	- Added Page reference 251 Loop 2120C – NM1 Segment – NM103 data element Added Page reference 253 Loop 2120C – NM1 Segment – NM108 & NM109 data elements	06/01/2006
Version 1.2	- Added Points 12-18 under ‘Special considerations For 270/271 transactions’ Modified comments (page reference 52) Loop 2100B -NM108 Provider Identification Qualifier Modified comments (page reference 52) Loop 2100B -NM109 Provider Identification Code Modified comments (page reference 54) Loop 2100B -REF Reference Identification Qualifier Modified comments (page reference 54) Loop 2100B -REF Reference Identification Code Modified comments (page reference 181) Loop 2100B -NM108 Provider Identification Qualifier Modified comments (page reference 181) Loop 2100B -NM109 Provider Identification Code	12/01/2006
Version 1.3	- Modified ‘special considerations’ content Modified comments for Page reference 52 - NM109 Modified comments for Page reference 54 – REF02 Modified comments for Page reference 181 - NM109	06/06/2007
Version 1.4	- Modified ‘special considerations’ content Removed the blue highlighting from previous version Modified comments for API and NPI usage Modified comments for Page reference 52 - NM108, NM109 Removed comments for page reference 54- REF01, REF02 Modified comments for Page reference 181 - NM109	04/01/2008
Version 1.5	- Modified ‘special considerations’ content Modified comments for Page reference 73 - NM109 Added page reference 75-76 Loop 2100C – REF Segment – REF01 and REF02 data elements Added page reference 197-198 Loop 2100C – REF Segment – REF01 and REF02 data elements	05/22/2008

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PURPOSE

The purpose of the 270/271 transactions is to electronically request (270) eligibility information and to respond (271) to the request. There are two basic modes for transmitting such requests: real time and batch. The purpose of the 270 inquiry is to request eligibility and service limit verification. There are four (4) types of information that can be returned via the verification process:

- 1) Eligibility information to include verification number,
- 2) Co-pay, if present,
- 3) TPL information, if applicable, and
- 4) Service limit information.

This guide is concerned with the processing of batch requests and responses submitted to First Health Services Corporation (FHSC) as the information source for Virginia Medicaid. Real time is dealt with elsewhere. FHSC adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments. For the 270 request specific expectations of incoming data are described. For the 271 response there are descriptions of specific data that are returned to requesters.

SPECIAL CONSIDERATIONS FOR 270/271 TRANSACTIONS

1. We encourage providers to limit the incoming 270 batches to 99 requests per batch, although an unlimited number of batches can be submitted by any one submitter.
2. Barring unforeseen difficulties, responses (271s) from inquiry (270) batches received by 5 PM, Monday to Friday, will be available for retrieval the following morning. We recommend sending the files earlier during the day to guarantee next day pickup. Submitters of inquiries are required to retrieve their responses.
3. Batch requests can be submitted (and therefore retrieved) in a number of different modes:
 - a. Direct data line connections. For those providers/vendors with a leased line connection, batch of 270 requests can be sent to FHSC via FTP.

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- b. Dial-up phone lines. For those having none of the above facilities in place and tested with FHSC, dial-up phone lines can be used. The phone number to be used for submitting 270 batch requests is 804-290-8371. An ID and password is required for authentication at which time an IP address is passed via DHCP to the requester who can then FTP the file(s) to **ricnwa03.fhsc.com**.
4. Medicaid contractors to Virginia Medicaid and/or authorized vendors only can submit inquiries. Submissions by entities/individuals not on file at FHSC will be rejected.
5. There are four possible combinations for eligibility verification searches,
 - a. Medicaid Recipient ID (Enrollee ID),
 - b. Social Security Number and Date of Birth,
 - c. Social Security Number and Name,
 - d. Name and Date of Birth.
6. 270 verification/inquiry process reports only the service limit categories that are applicable to the provider making the inquiry. For example psych limits will not be reported to a dentist.
7. If a specific service type code is not requested or a service type code of 30 is sent, then only eligibility verification will be returned.
8. Verification of service limits can be made for only the following service types.
 - a. 42 Home Health Care
 - b. 43 Home Health Visits
 - c. A8 Psychiatric – Outpatient
 - d. AD Occupational Therapy (School Based and Non-school Based)
 - e. AE Physical Medicine (School Based and Non-school Based)
 - f. AF Speech Therapy
 - g. AI Substance Abuse
 - h. AL Optometry
 - i. AO Lenses
9. Medicaid contractors and/or vendors only can submit inquiries. Submissions by entities/individuals not on file on the Virginia Medicaid system will be rejected.
10. If there is a co-payment due from a recipient the requester receives a second EB segment with a co-pay indicator of Y and an MSG segment with a message to refer to the provider manual for the appropriate amount. This segment is displayed only when a co-payment is required. If no co-pay is required this second EB segment is not displayed.

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11. Whenever there is a required co-payment amount, an EB segment will contain a “B” in EB02, and a “Y” in EB05, but no amount or percentage in EB07 or EB08. Virginia Medicaid does not store the co-payment amount in its files. The correct co-payment amount can be found in the appropriate provider manual. An MSG segment will be present with a notation to refer to the provider manual for the co-payment amount.
12. If a return code of 64 is returned on an AAA segment for a recipient (2100C loop) the recipient identification number is invalid. An Inactive / Ineligible enrollee’s information is returned in the EB segment with a value of ‘6’ in EB01.
13. The TPL carrier code will be returned on a 271 in a NM1 segment (Loop 2120C). The code will help providers to identify the specific third party plan that the recipients have on the Recipient eligibility file
14. As of May 23, 2008 only the NPI/ API will be accepted and used to initiate an Inquiry. All inquiries received on or after that date will be processed using the NPI or Atypical Provider Identifier (API). **The compliance is based on the date of receipt and not the date of service**
15. Non-healthcare providers that are not eligible to obtain an NPI will be assigned a new 10-digit Virginia Medicaid Atypical Provider ID (API). Beginning May 23, 2008, the API must be used in place of the Legacy ID.
16. The NPI/ API should be sent in the NM1 segment Loop 2100B. The NPI would use the qualifier ‘XX’ and the API would come in with qualifier ‘SV’.
17. On the 270, the Medicaid Recipient ID (Enrollee ID) is generally sent in the NM1 segment Loop 2100C, which is the primary location for this ID. If the system does not find the Recipient ID in the NM1 segment, it looks for the ID in the REF segment that follows with qualifier ‘EJ’. If two different IDs are sent in the NM1 and REF segments, the system uses the ID from the NM1 segment to initiate the inquiry. On the 271, the Recipient ID is only returned on the NM1 segment.

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270 DATA ELEMENTS

PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	Use '00' – No authorization information present.
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No security information present.
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	Use 'ZZ'.
B.4	N/A	ISA	IS06 - Interchange Sender ID	Use the 4-digit code assigned by Virginia Medicaid.
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	Use 'ZZ'.
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	Use 'VMAP FHSC FA'.
B.6	N/A	ISA	ISA14 – Acknowledgement Requested	Use '1' to indicate an acknowledgement requested. (NOTE: all 270 batch requests will receive a 997 Functional Acknowledgement transaction.
B.8	N/A	GS	GS01 – Functional ID code	Use 'HS'.
B.8	N/A	GS	GS02 - Application Sender's Code	Use the 4-digit code assigned by Virginia Medicaid.
B.8	N/A	GS	GS03 - Application Receiver's Code	Use 'VMAP FHSC FA'.
19 (10/02 Addendum)	N/A	GS	GS08 – Version/Release/Industry Identifier Code	Use '004010X092A1'.
46	2100A	NM1	NM108 – Identification Code Qualifier	Use 'PI'.
46	2100A	NM1	NM109 - Identification Code	Use 'VMAP FHSC FA'

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PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
52	2100B	NM1	NM108 - Identification Qualifier Code	‘SV’ - Atypical Provider ID assigned by Virginia Medicaid. ‘XX’ - Service Provider NPI
52	2100B	NM1	NM109 - Identification Code	When sending the ‘SV’ qualifier, use the 10-digit API assigned by Virginia Medicaid. When sending the Qualifier ‘XX’ use the NPI Notes: This segment could be used for the NPI or API Note: Beginning 5/23/08, only the 10-digit API or NPI should be submitted in NM109
73	2100C	NM1	NM108 – Identification Qualifier Code	Use ‘MI’
73	2100C	NM1	NM109 – Identification Code	Use the 12-digit Medicaid Enrollee ID Number. This is the primary location for this ID
75	2100C	REF	REF01 – Reference Identification Qualifier	‘SY’ - Social Security Number ‘EJ’ - Medicaid Enrollee ID number
76	2100C	REF	REF02 – Reference Identification	When the qualifier is ‘SY’ use Social Security Number When the qualifier is ‘EJ’ use the Medicaid Enrollee ID. Use this location for the Enrollee ID only if it is not sent in the NM109 segment above.
88	2100C	DTP	DTP01 – Date/Time Qualifier	Use ‘307’ or ‘472’

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89	2110C	EQ	EQ01 – Service Type Code	Use ‘30’ or ‘42’ or ‘43’ or ‘A8’ or ‘AD’ or AE’ or ‘AF’ or ‘AI’ or ‘AL’ or AO’.

271 DATA ELEMENTS

PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	‘00’ – No authorization information present.
B.3	N/A	ISA	ISA03 - Security Information Qualifier	‘00’ – No security information present.
B.3	N/A	ISA	ISA05 - Interchange ID Qualifier	‘ZZ’.
B.4	N/A	ISA	IS06 - Interchange Sender ID	‘VMAP FHSC FA’.
B.4	N/A	ISA	IS07 - Interchange ID Qualifier	‘ZZ’.
B.5	N/A	ISA	IS08 - Interchange Receiver ID	The 4-digit code assigned by Virginia Medicaid.
B.8	N/A	GS	GS01 – Functional ID code	‘HB’.
B.8	N/A	GS	GS02 - Application Sender’s Code	‘VMAP FHSC FA’.
B.8	N/A	GS	GS03 - Application Receiver’s Code	The 4-digit code assigned by Virginia Medicaid.
19 (10/02 Addendum)	N/A	GS	GS08 – Version/Release/Industry Identifier Code	‘004010X092A1’.
181	2100B	NM1	NM108 - Identification Qualifier Code	‘SV’- Atypical Provider ID assigned by Virginia Medicaid. ‘XX’- Service Provider NPI
181	2100B	NM1	NM109 - Identification Code	When the Qualifier is ‘SV’ the 10-digit API assigned by Virginia Medicaid will be returned

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				When the Qualifier in NM108 is 'XX' the NPI will be returned
195	2100C	NM1	NM109 - Identification Qualifier	'MI'.
PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
195	2100C	NM1	NM109 - Identification Code	The 12-digit code Medicaid Enrollee ID Number.
197	2100C	REF	REF01 – Reference Identification Qualifier	'SY'
198	2100C	REF	REF02- Reference Identification	Social Security Number
218	2110C	EB	EB01 – Eligibility or Benefit Information	'B' if Co-pay required
228	2110C	EB	EB05	'Y' if Co-pay required
229	2110C	EB	EB07	Not Used
229	2110C	EB	EB08	Not Used
		MSG	MSG01	If Co-pay required
251	2120C	NM1	NM103	TPL Carrier Name
253	2120C	NM1	NM108	'ZZ'
253	2120C	NM1	NM109	TPL Carrier Code